

STATE OF RHODE ISLAND

County of _____

Estate of _____

Alias _____

Alias _____

PROBATE COURT OF THE

No. _____

Date _____

ALLOWANCE FOR SUPPORT OF FAMILY

The undersigned, _____, spouse of said

Name of Petitioner

deceased, hereby requests the Court to make a reasonable allowance out of the estate for the support of
deceased's family.

This request is for the: *(check one)* ☐ First Period ☐ Second Period_____
Signature of Petitioner_____
Date**DECREE**

\$ _____ allowed.

Date_____
Probate Judge